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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Richard L. Frank, Gopalan Arun, Michael J. Cusson and  
Daniel E. O'Shaughnessy  
Application No.: 09/321,809 Group: 2818  
Filed: May 28, 1999 Examiner:  
For: System for Extending an Addressable Range of Memory

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Assistant Commissioner for Patents, Washington, D.C. 20231	
on <u>November 4, 1999</u>	<u>Jennifer Menard</u>
Date	Signature
Jennifer Menard	
Typed or printed name of person signing certificate	

REQUEST FOR CORRECTED FILING RECEIPT

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Sir:

In view of the recently filed Declaration/Power of Attorney, we hereby request that the following items of information be added to the Filing Receipt for the subject application received in this office on October 6, 1999.

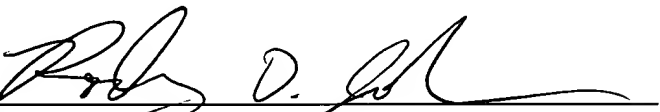
In the Applicant(s) section, please change the names "Richard Frank" to --Richard L. Frank-- and "Michael Cusson" to --Michael J. Cusson--.

Enclosed is a copy of the Filing Receipt with changes noted in red. Please make the changes as noted above, and issue a Corrected Filing Receipt.

Since the errors were made by the U.S. Patent and Trademark Office and not by Applicants or Applicants' Attorney, it is understood that there are no additional fees for the requested corrected Filing Receipt.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By 

Rodney D. Johnson

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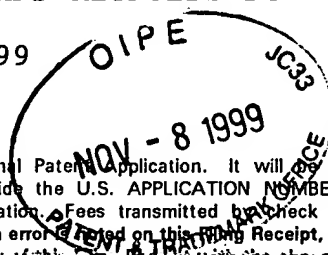
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTORNEY DOCKET NO.	DRWGS	TOT CL	IND CL
09/321,809	05/28/99	2818	\$1,574.00	ORA99-07(OID	10	32	9

RODNEY D JOHNSON ESQ  
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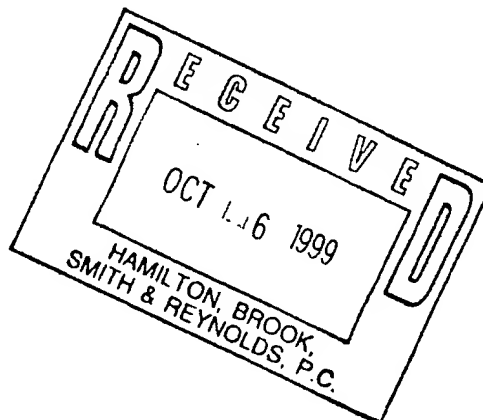


Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts of Application" ("Missing Parts Notice") in this application, please submit any corrections to this Filing Receipt with your reply to the "Missing Parts Notice." When the PTO processes the reply to the "Missing Parts Notice," the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s) <sup>L.</sup> RICHARDY FRANK, GROTON, MA; GOPALAN ARUN, NASHUA, NH;  
MICHAEL XCUSSON, CHELMSFORD, MA; DANIEL E. O'SHAUGHNESSY,  
HOLLIS, NH.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 06/21/99  
TITLE  
SYSTEM FOR EXTENDING AN ADDRESSABLE RANGE OF MEMORY  
PRELIMINARY CLASS: 365

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DATA ENTRY BY: MASON, JAMES

TEAM: 04 DATE: 09/28/99



(See reverse for new important information)

SERIAL NUMBER 09/321,809	FILING DATE 05/28/99	CLASS 365	GROUP ART UNIT 2818	ATTORNEY DOCKET NO. ORA99-07(OID)
APPLICANT	RICHARD L. FRANK, GROTON, MA; GOPALAN ARUN, NASHUA, NH; MICHAEL J. CUSSON, CHELMSFORD, MA; DANIEL E. O'SHAUGHNESSY, HOLLIS, NH.			
	**CONTINUING DOMESTIC DATA***** VERIFIED  _____			
	**371 (NAT'L STAGE) DATA***** VERIFIED  _____			
	**FOREIGN APPLICATIONS***** VERIFIED  _____			
IF REQUIRED, FOREIGN FILING LICENSE GRANTED 06/21/99				
Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY MA	SHEETS DRAWING 10	TOTAL CLAIMS 32
Verified and Acknowledged Examiner's Initials _____ Initials _____		INDEPENDENT CLAIMS 9		
ADDRESS	RODNEY D JOHNSON ESQ HAMILTON BROOK SMITH AND REYNOLDS PC TWO MILITIA DRIVE LEXINGTON MA 02421-4799			
	SYSTEM FOR EXTENDING AN ADDRESSABLE RANGE OF MEMORY			
TITLE				
FILING FEE RECEIVED  \$1,574	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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